

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022246

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cape Girardeau

Length of stay in 1b

1 1/2 days

c. FULL NAME OF DECEASED (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St Francis Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWN

Rural Illinois

Reside on Farm

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4 mi S. E of Illinois, Mo

## 3. NAME OF DECEASED (Type or print)

First

FRED

Middle

IVAN

Last

SMITH

4. DATE OF DEATH

Month

Day

Year

JUNE 9, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

June 20, 1915

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Garage &amp; Truck Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

Retail meat prod near Illinois, Mo

## 11. BIRTHPLACE (City and state or country)

USA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13. FATHER'S NAME

Campbell Smith

## 13b. MOTHER'S M maiden NAME

Ora Raines

## 14. NAME OF HUSBAND OR WIFE

Vera Mae Held Smith

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs Vera Smith

## Address

Rt. 1 Illinois, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

## DUE TO (b)

Coronary artery atherosclerosis

1 yr

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive heart failure

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

June 8, 1962 to death

and last saw him alive on

9 June 62

## Death occurred at

11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Jean A. Chapman M.D.

## 22b. ADDRESS

1902 Broadway

## 22c. DATE SIGNED

Cape Girardeau, Mo. 12 June 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/12/62

## 23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

## 23d. LOCATION (City, town, or county)

Illinois, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Illinois, Mo

## 25. DATE RECD. BY LOCAL REG.

6-14-62

## 26. REGISTRAR'S SIGNATURE

Jesse Kasten

BISPLINGHOFF FUNERAL HOME

Illinois, Mo

6-14-62

Jesse Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 19 1962

JUN 26 1962

FEB 19 1963

APR 10 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.